

**North Carolina Division of Mental Health, Developmental
Disabilities and
Substance Abuse Services**

**Complaints Received By
Local Management Entities/
Managed Care Organizations**

**State Fiscal Year 2011-2012
4th Quarter**

Prepared by

**Customer Service and Community Rights Team
Advocacy and Customer Service Section**

Executive Summary

North Carolina Administrative Code (10A NCAC 26G.7001-7003) requires that all Mental Health, Developmental Disabilities and Substance Abuse Local Management Entities (LMEs)/Managed Care Organizations (MCOs) utilize standardized complaint response and complaint reporting procedures regarding services provided in their catchment areas. These rules state that LMEs/MCOs are required to receive, review, respond to and report complaints regarding any mental health, developmental disability and/or substance abuse service. This requirement includes complaints regarding all facilities licensed under NC General Statute 122C-Article 2 (except hospitals), unlicensed community-based services and LME/MCO services. For the purpose of this report and LME/MCO data collection, we define *complaints* as “any expression of dissatisfaction.”

This report includes aggregate statewide data and does not include data for each individual LME/MCO¹. A short caveat: It is difficult to interpret with certainty the reasons for variability in complaint rates among LMEs/MCOs. A higher number of complaints may be a result, for example, of increased education for consumers, families and providers about consumer rights, the complaint rule and/or empowerment efforts to encourage the reporting and resolution of complaints. In fact, it is expected that aggregate data in future reports will likely show increases in the number of complaints reported to the LMEs/MCOs due to public awareness and consumer education activities. Therefore, any LME/MCO data comparisons should be completed with caution.

These data, however, are very useful to local planners and policy groups. LME/MCO complaint data is utilized at the local level to inform management of trends that may justify further action or indicate an issue in their catchment area. Many LMEs/MCOs report data trends to their Client Rights Committees, Board of Directors, Quality Management and Area Directors to ensure an expedient response to potential areas of concern. LMEs/MCOs look at complaint patterns to identify opportunities for quality improvement and provide technical assistance when needed to ensure that appropriate action is taken. For example, LME/MCO staff may initiate an investigation or a provider review as a result of an individual complaint. Importantly, LMEs/MCOs also provide this information to local Consumer Family Advisory Committees (CFACs).

State Fiscal Year (SFY) 11-12 4th Quarter Complaint Data Highlights:

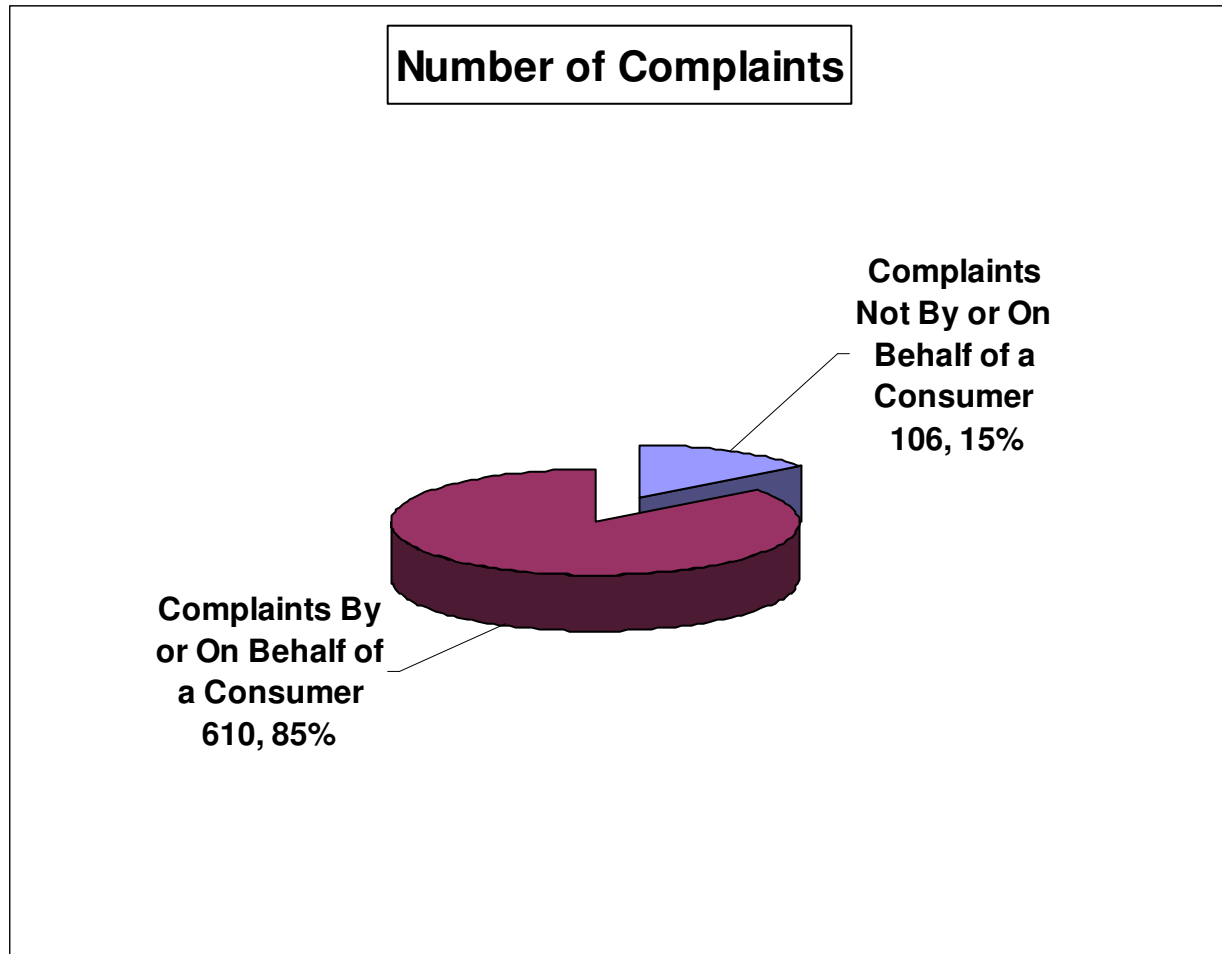
- A total of 716 complaints were made to the LMEs/MCOs between April 1, 2012 and June 30, 2012. Six hundred and ten (85%) of the complaints were filed by or on behalf of a consumer and 106 (15%) of the complaints received were not filed by or on behalf of a consumer because the issue did not directly involve a particular individual.

¹ LME/MCO data is available upon request. Please contact Stacie Forrest at (919) 715-3197 or stacie.forrest@dhhs.nc.gov.

- Parents/guardians filed 160 (22%) of the complaints and consumers filed 189 (27%) of the complaints during this quarter, accounting for almost half of the complaints reported statewide. Providers initiated 95 (13%) of the complaints and LME/MCO staff filed 88 (12%) of the complaints.
- Three hundred and seventy-eight (62%) of the 610 complaints related to consumers were filed regarding an adult and 202 (33%) were filed by or on behalf of a child or adolescent.
- Three hundred and seventeen (52%) of the consumers involved had a mental health diagnosis, 118 (19%) had a developmental disability diagnosis, 103 (17%) had multiple disabilities and 25 (4%) had a substance abuse diagnosis.
- Two hundred and ninety-one (40%) of the complaints were related to quality of care, 58 (8%) involved LME/MCO services, and 71 (10%) related to access to services.
- During the fourth quarter of FY 2011–2012, Developmental Disability Services represented 94 (13%) of the total complaints, residential services represented 131 (18%) and Outpatient Services represented 76 (10.5%) of the total complaints.
- One hundred and fifty (21%) of the complaints resulted in an investigation by the Local Management Entity/Managed Care Organization, the Division of Health Service Regulation, the Department of Social Services or the Division of Mental Health, Developmental Disabilities and Substance Abuse Services.
- Of the one hundred and fifty complaint investigations that took place, 74 (49%) were not substantiated, 33 (22%) were substantiated and 30 (20%) were partially substantiated.
- Ninety-five (63%) of the complaints that were investigated required no further action, 36 (24%) required a corrective action plan and 7 (5%) resulted in recommendations to the provider.
- Six hundred and seventy-two (93%) of the total complaints this quarter were resolved and brought to administrative closure. A complaint is considered resolved when the complainant accepts the outcome, withdraws the complaint or when no further action can be taken by the LME/MCO.
- Five hundred and sixty-six (79%) of the complaints this quarter did not require an investigation. Of these, 330 (59%) were resolved by working with the provider, 144 (25%) were resolved by providing technical assistance to complainants, and 43 (8%) were resolved by referral to an external licensing or state agency.
- The final dispositions for 660 (92%) of the total complaints this quarter were resolved at the LME/MCO level.
- Six hundred and thirteen (86%) of the complaints this quarter were resolved within 30 days of receipt of the complaint.

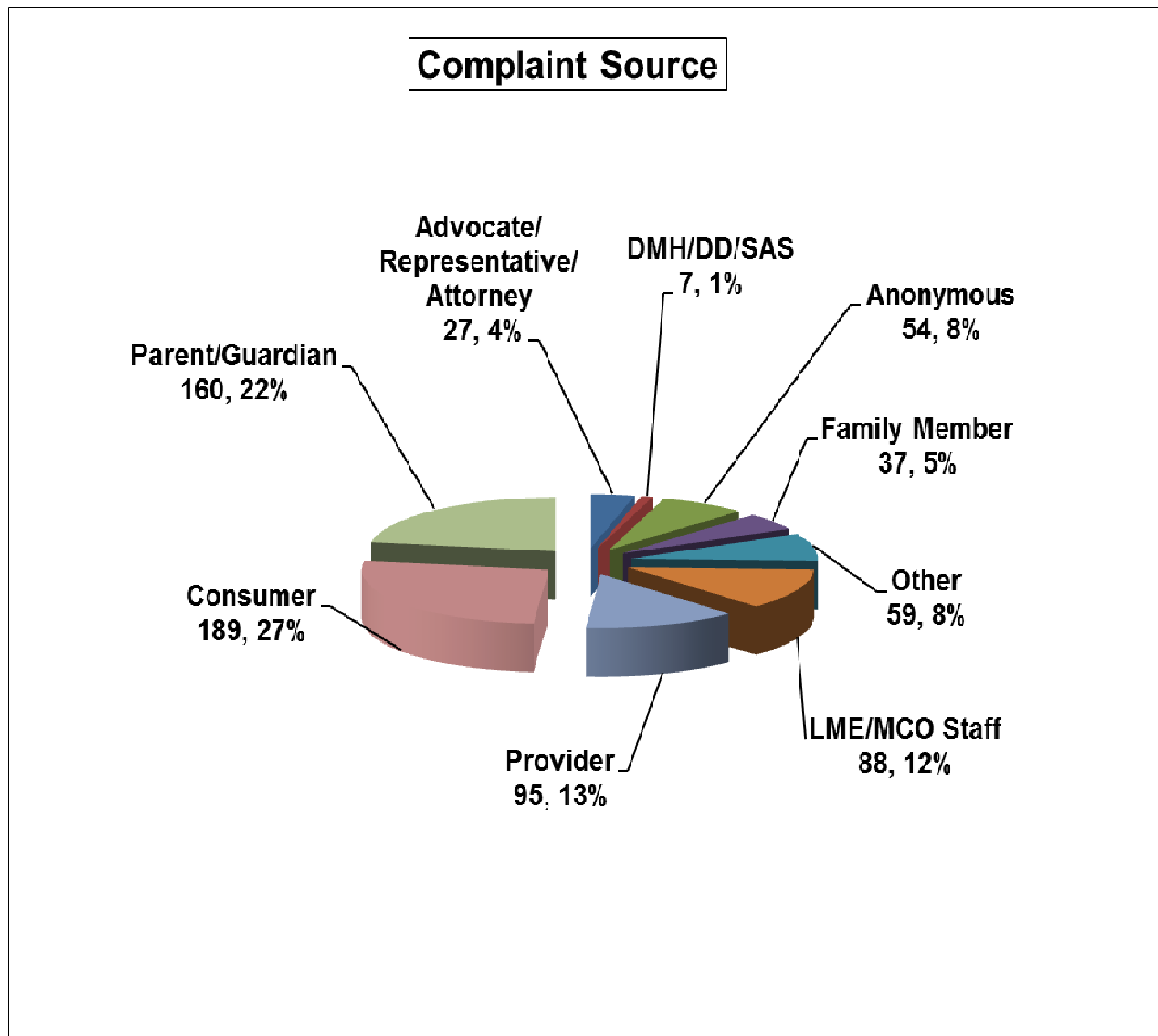
Total Number of Complaints

LMEs/MCOs received a total of 716 complaints from April 1, 2012 and June 30, 2012. Six hundred and ten (85%) of the complaints received were by or on behalf of a consumer and 106 (15%) were not by or on behalf of a consumer.



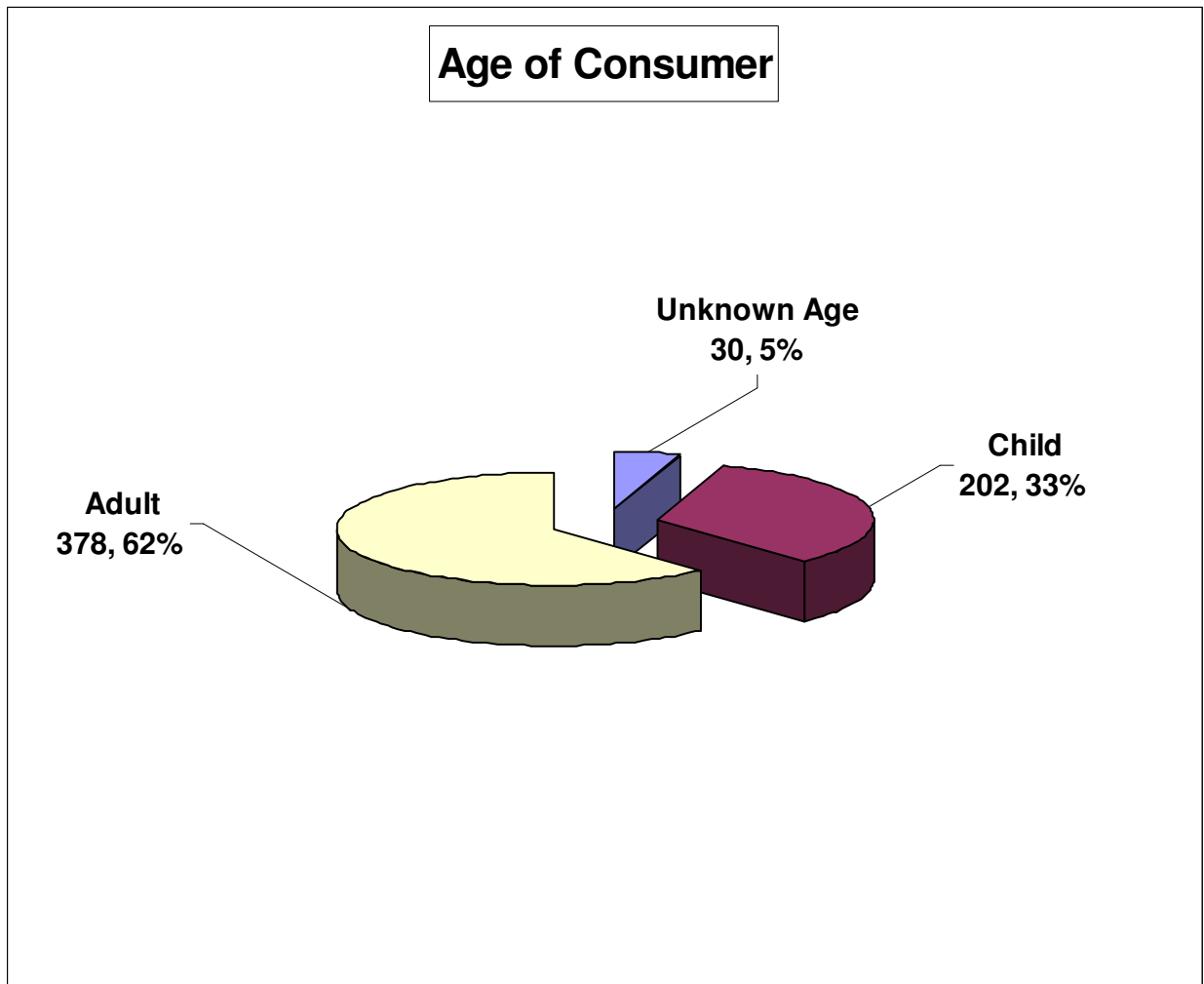
Complaint Source

Parents/guardians filed 160 (22%) of the complaints, consumers filed 189 (27%) of the complaints, and family members filed 37 (5%) of the complaints to the LMEs/MCOs this quarter. Ninety-five (13%) of the complaints were filed by providers and 88 (12%) were filed by LME/MCO staff. Twenty-seven (4%) of the complaints were filed by Advocates/Representatives/Attorneys. Seven (1%) of the complaints were filed by DMH/DD/SAS staff and 54 (8%) were filed by an anonymous person. “Other” accounted for 59 (8%) of the complaints filed.



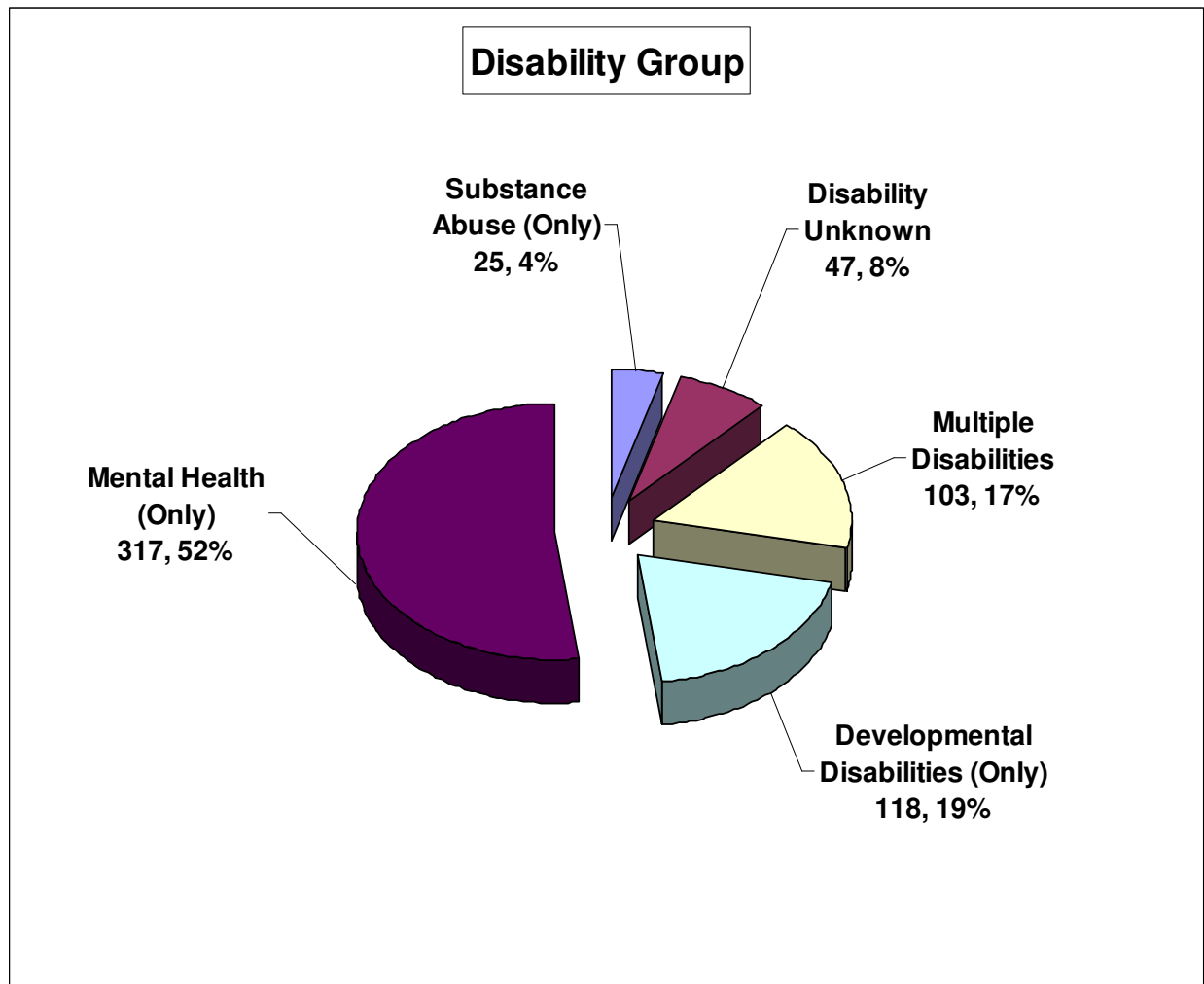
Complaints By Or On Behalf of a Consumer:
Consumer's Age Group

Statewide, 610 complaints were filed by or on behalf of a consumer from April 1, 2012 and June 30, 2012. Three hundred and seventy-eight (62%) were filed by or on behalf of an adult (age 18 or over), 202 (33%) were filed by or on behalf of a child (age 0-17) and for 30 (5%) the consumer's age was unknown.



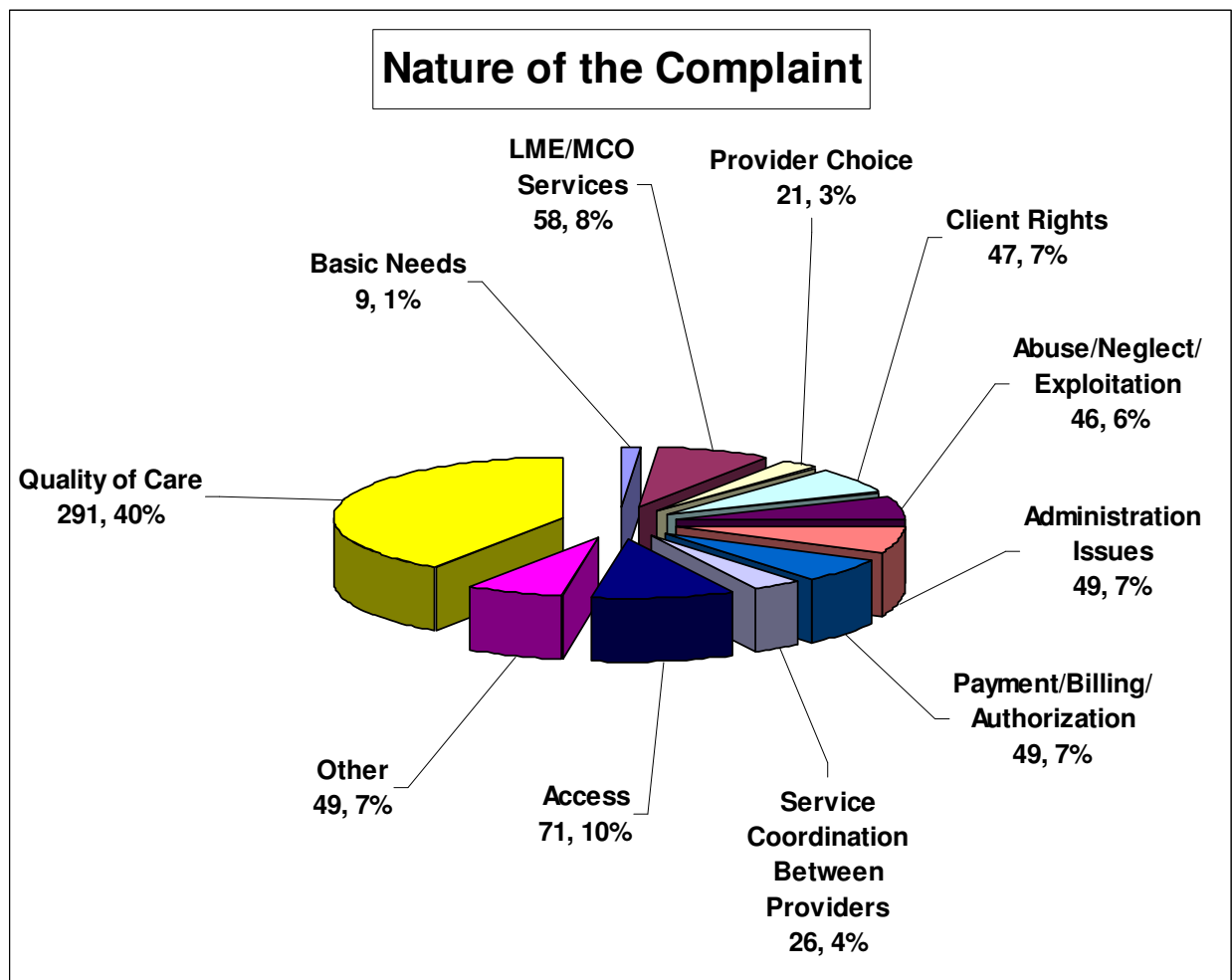
Complaints By Or On Behalf of a Consumer:
Consumer's Disability Group

Three hundred and seventeen (52%) of the complaints involved a consumer with a mental health diagnosis, 118 (19%) involved consumers who had a developmental disability diagnosis, 103 (17%) involved consumers with multiple disabilities, and 25 (4%) involved consumers with a substance abuse diagnosis. Forty-seven (8%) of the complaints that were by or on behalf of a consumer did not specify a disability.



Primary Nature of the Complaint

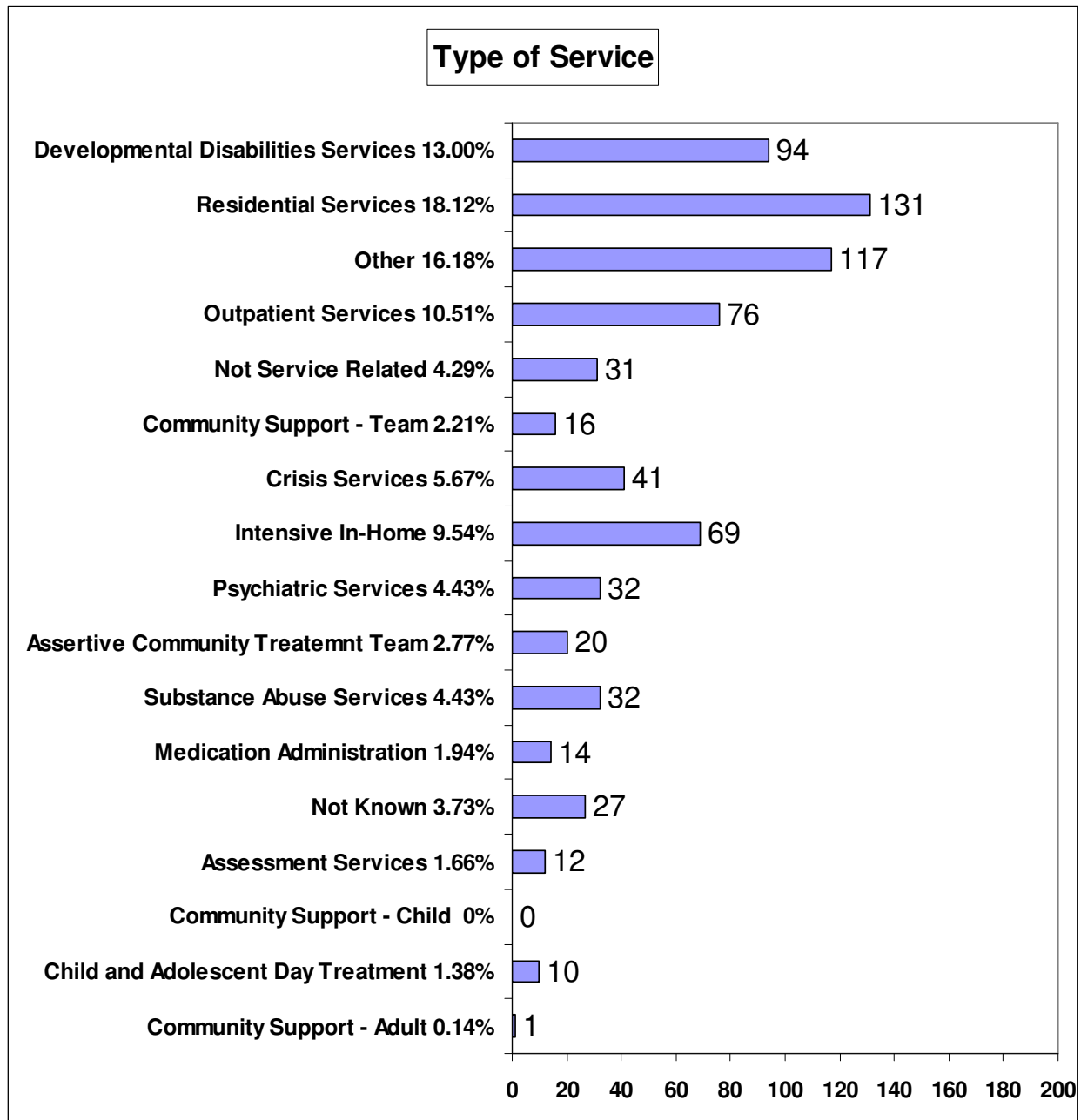
The issues associated with the complaints are categorized in the graph below. Two hundred and ninety-one (40%) of the complaints were related to quality of care, 49 (7%) involved issues with authorization/payment/billing and 71 (10%) related to access to services. Fifty-eight (8%) of the complaints were related to LME/MCO services, 47 (7%) involved client rights, 46 (6%) involved abuse, neglect, and exploitation, and 49 (7%) involved administration issues. Provider choice was related to 21 (3%) of the complaints, 9 (1%) involved basic needs, and 26 (4%) involved service coordination between providers. Forty-nine (7%) were related to issues not in the above list.



Type of Service Associated with the Complaints

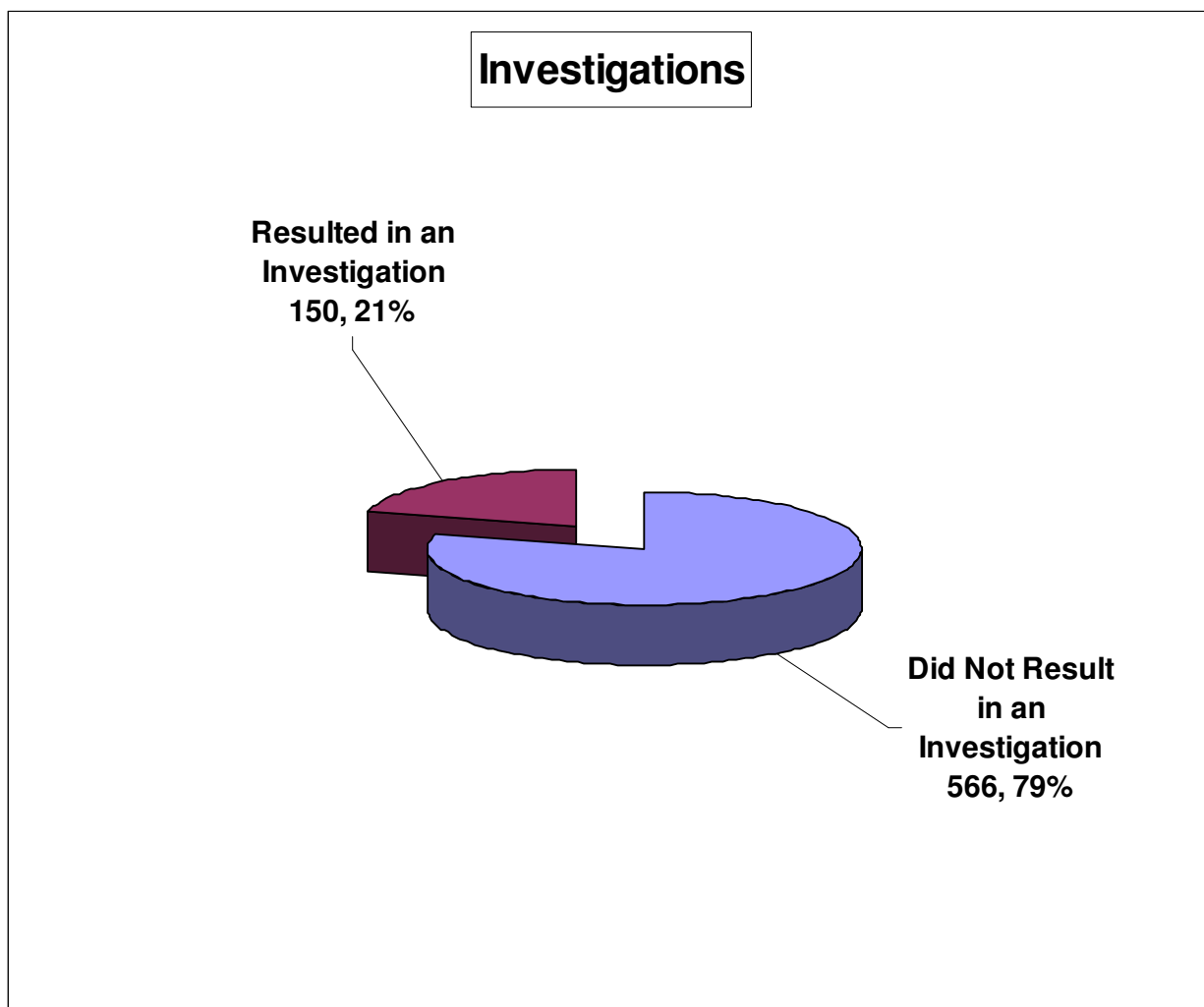
Developmental Disabilities services were associated with 94 (13%) of the total complaints this quarter, Residential has 131 (18%) of the complaints, and Outpatient 76 (10.5%) of the complaints. “Other” accounted for 117 (16%) of the total complaints.

Note: The total number of *type* of complaints can be equal to or greater than the total number of actual complaints, as complainants sometimes report about more than one type of service. During this quarter, there were a total of 716 complaints. The total number of *type* of complaints for this quarter was 723.



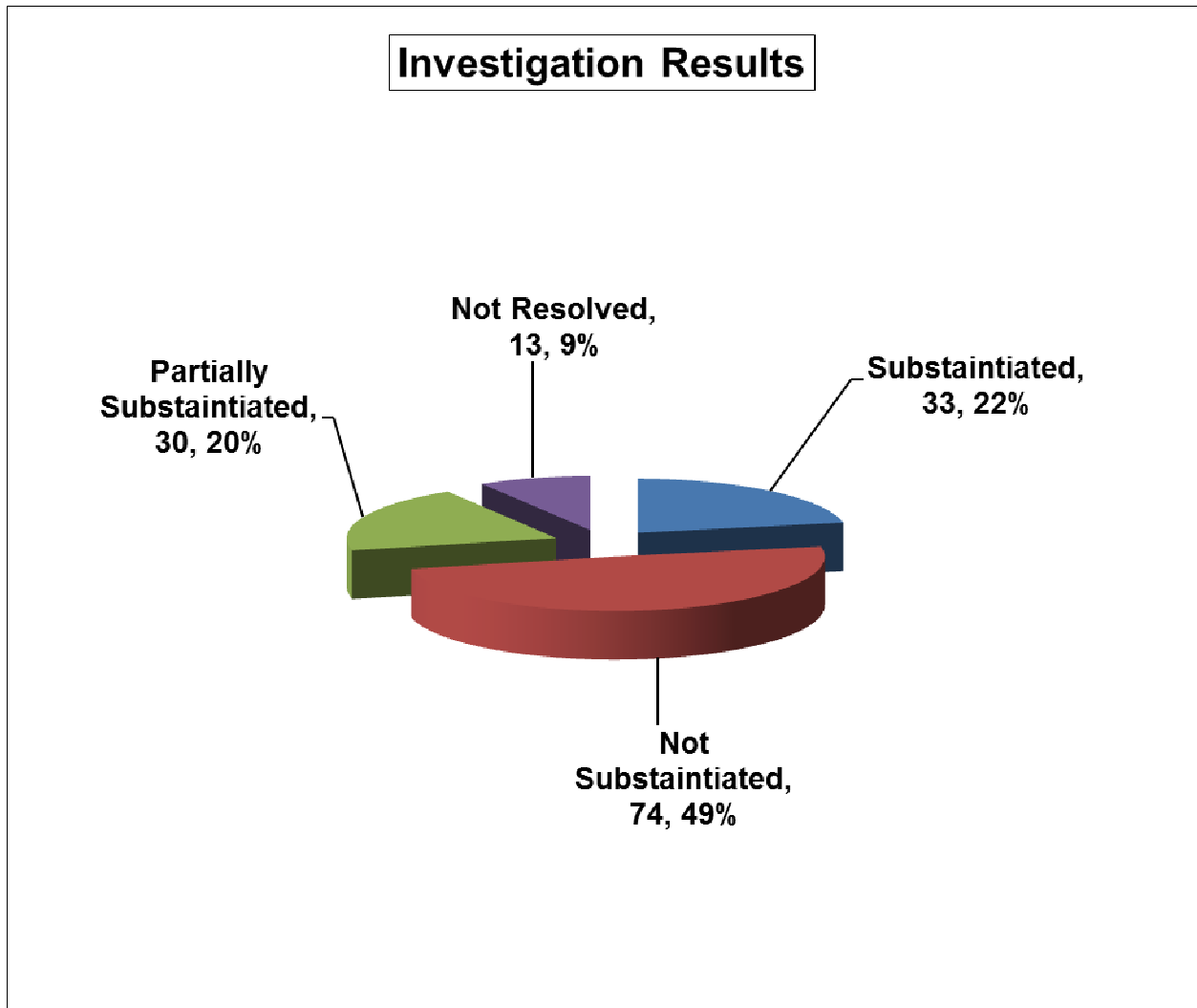
The Number of Complaints that Resulted in and Investigation

Statewide, LMEs/MCOs received a total of 716 complaints from April 1, 2012 and June 30, 2012. One hundred and fifty (21%) of the complaints resulted in an investigation by the Local Management Entity/Managed Care Organization (LME/MCO), the Division of Health Service Regulation (DHSR), the Department of Social Services (DSS) or the Division of Mental Health, Developmental Disabilities and Substance Abuse Services (DMH/DD/SAS). The remaining 566 (79%) of the complaints did not result in an investigation.



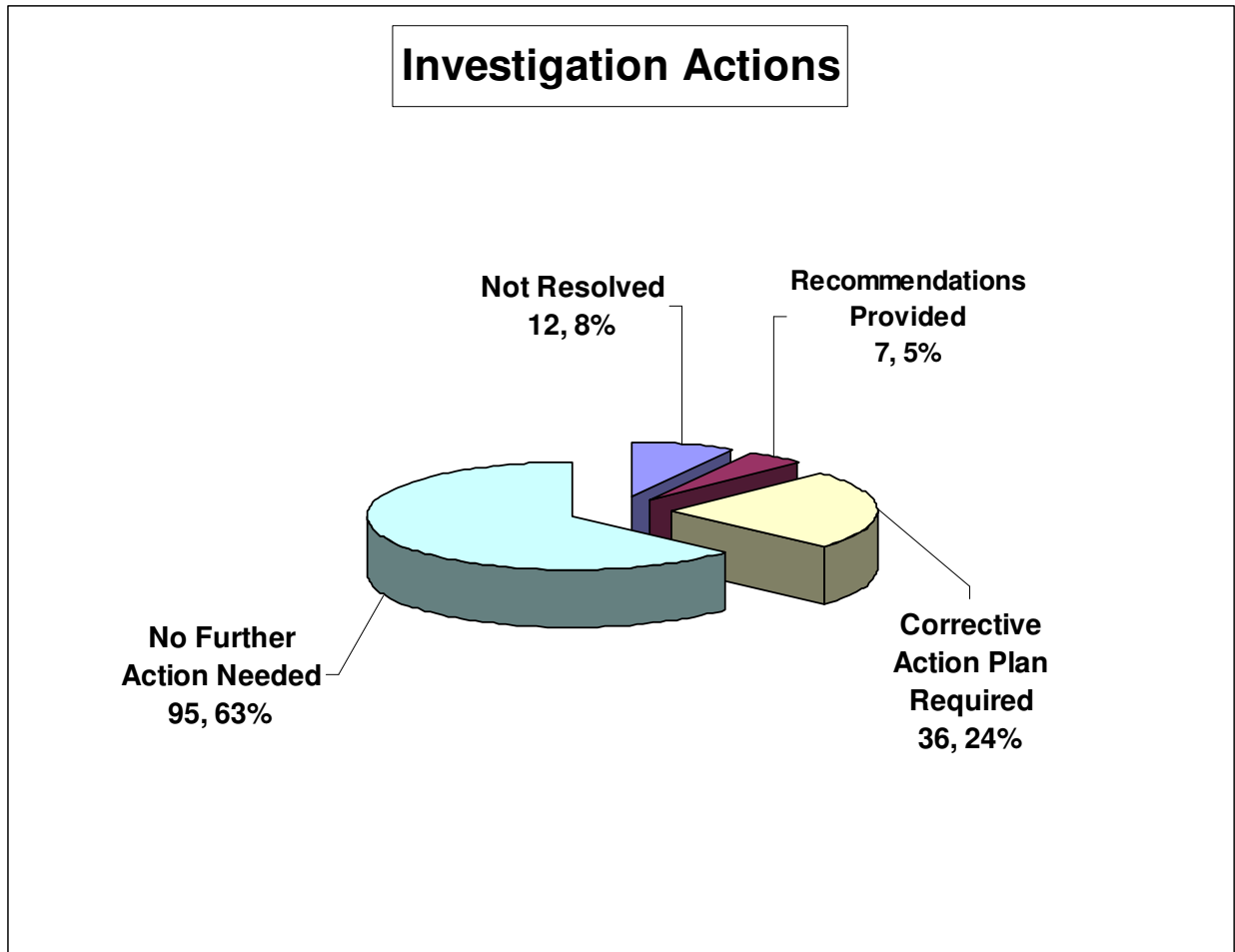
Complaint Investigation Results

Statewide, of the 150 complaints that were investigated during the fourth quarter, 74 (49%) were not substantiated, 33 (22%) were substantiated, 30 (20%) were partially substantiated, and 13 (9%) were not resolved at the time of this report.



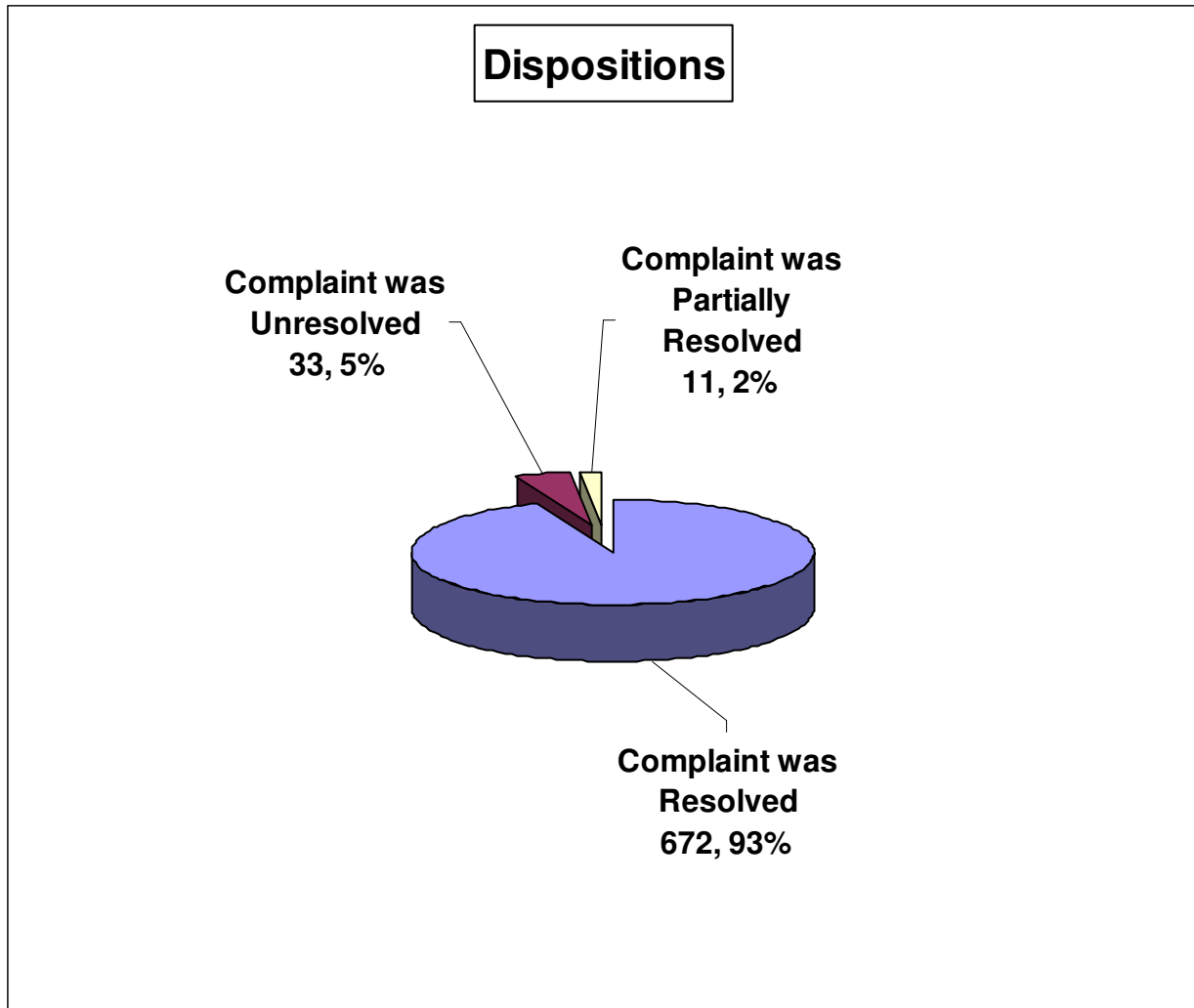
Actions Following the Investigations

During this quarter, ninety-five (63%) of the complaints investigated resulted in no further action needed. Thirty-six (24%) of the complaint investigations resulted in a corrective action plan from the provider, and 7 (5%) resulted in recommendations to the provider. Twelve (8%) of the complaint investigations were not resolved at the time of this report.



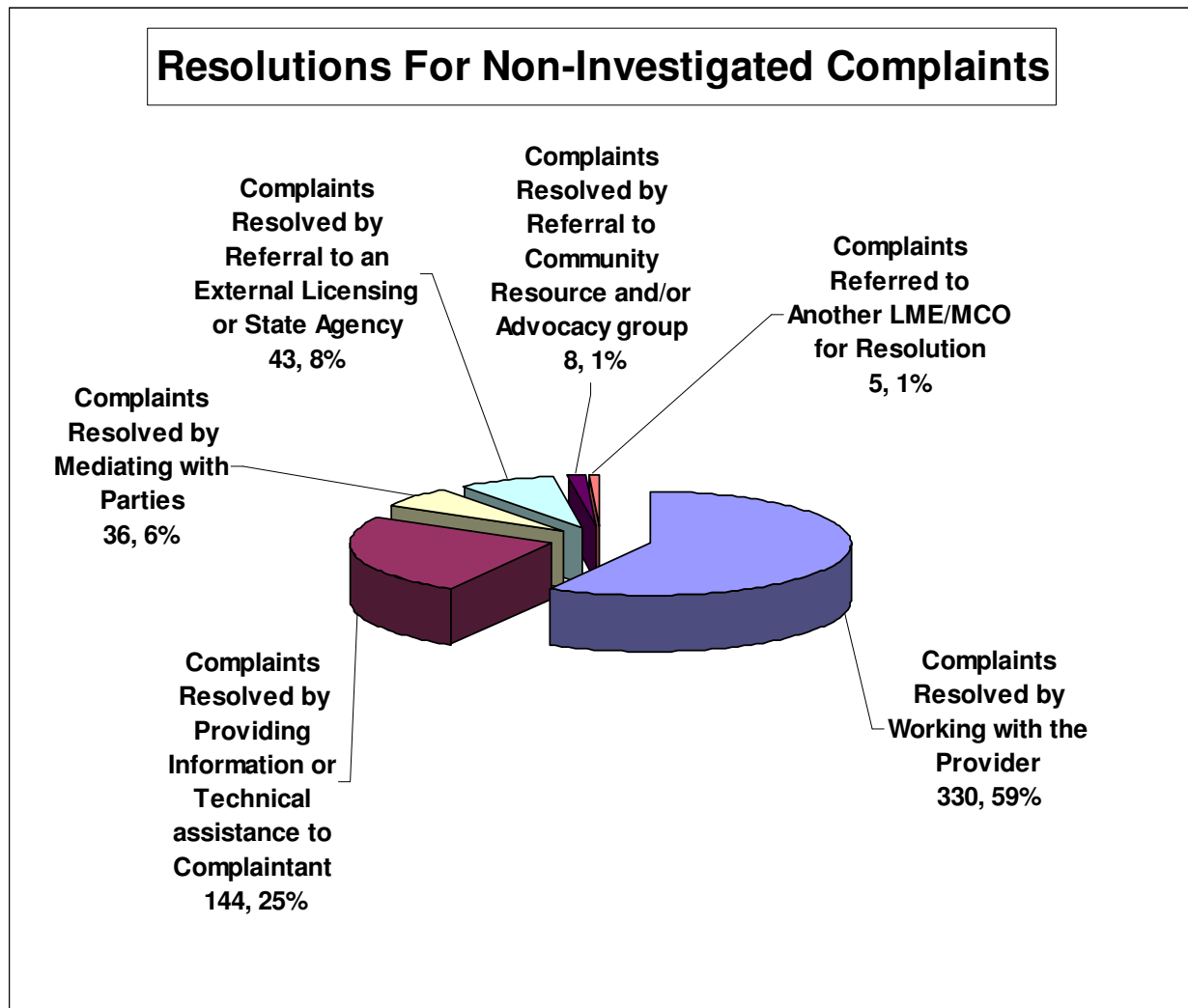
Final Disposition for all Complaints

Statewide, of the total number of complaints that were received by LMEs/MCOs during this quarter, 672 (93%) were resolved, 11 (2%) were partially resolved, and 33 (5%) were unresolved.



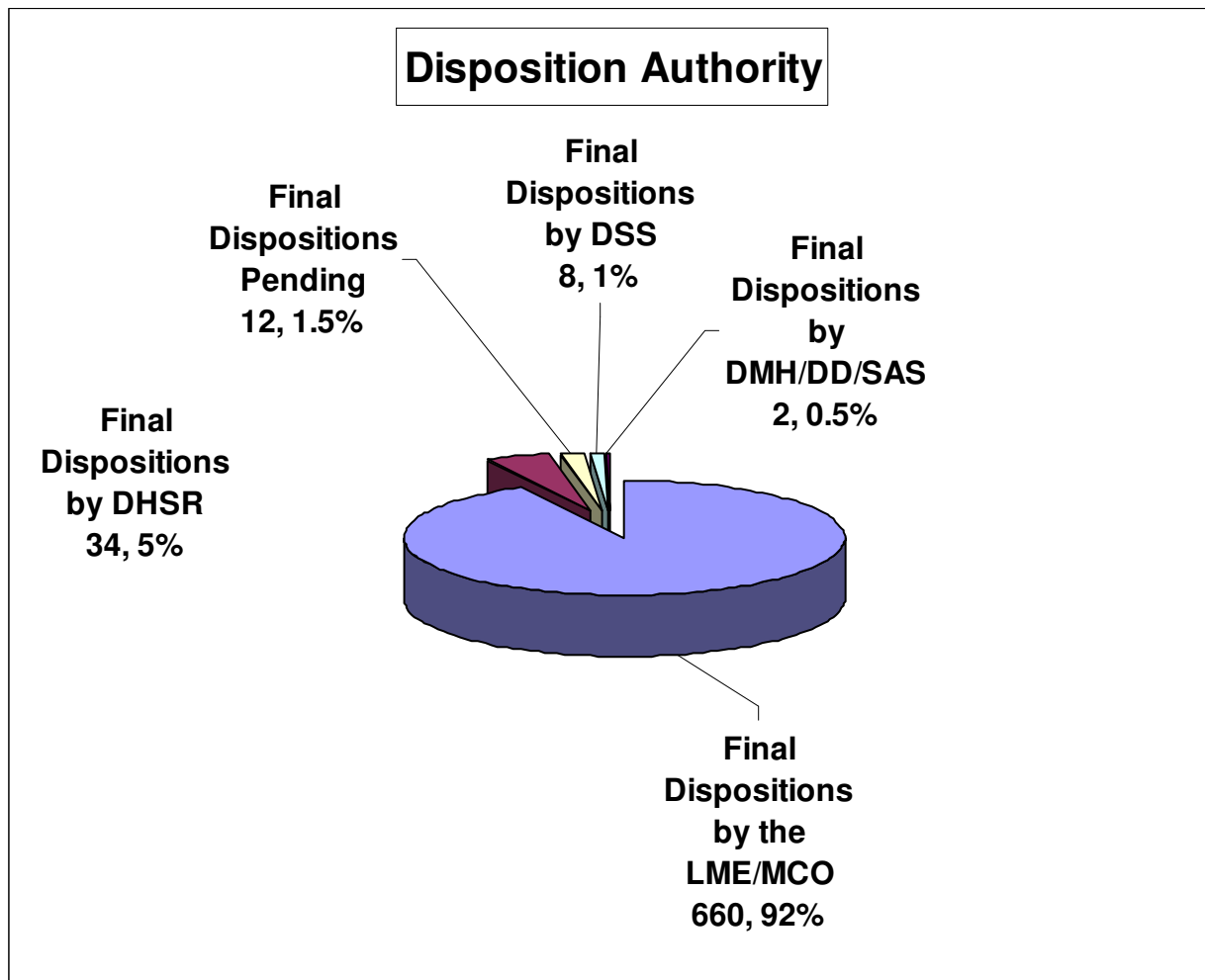
Resolution for Non-Investigated Complaints

Five hundred and sixty-six complaints during this quarter were resolved without an investigation. Over half of these complaints, 330 (59%) were resolved by working with the provider. One hundred and forty-four (25%) were resolved by providing technical assistance to the complainants, 36 (6%) were resolved by mediating between with parties, 43 (8%) were resolved by referral to an external licensing or state agency, and 8 (1%) were resolved by referral to other community resources and/or advocacy groups. Five complaints (1%) were referred to another LME/MCO for resolution.



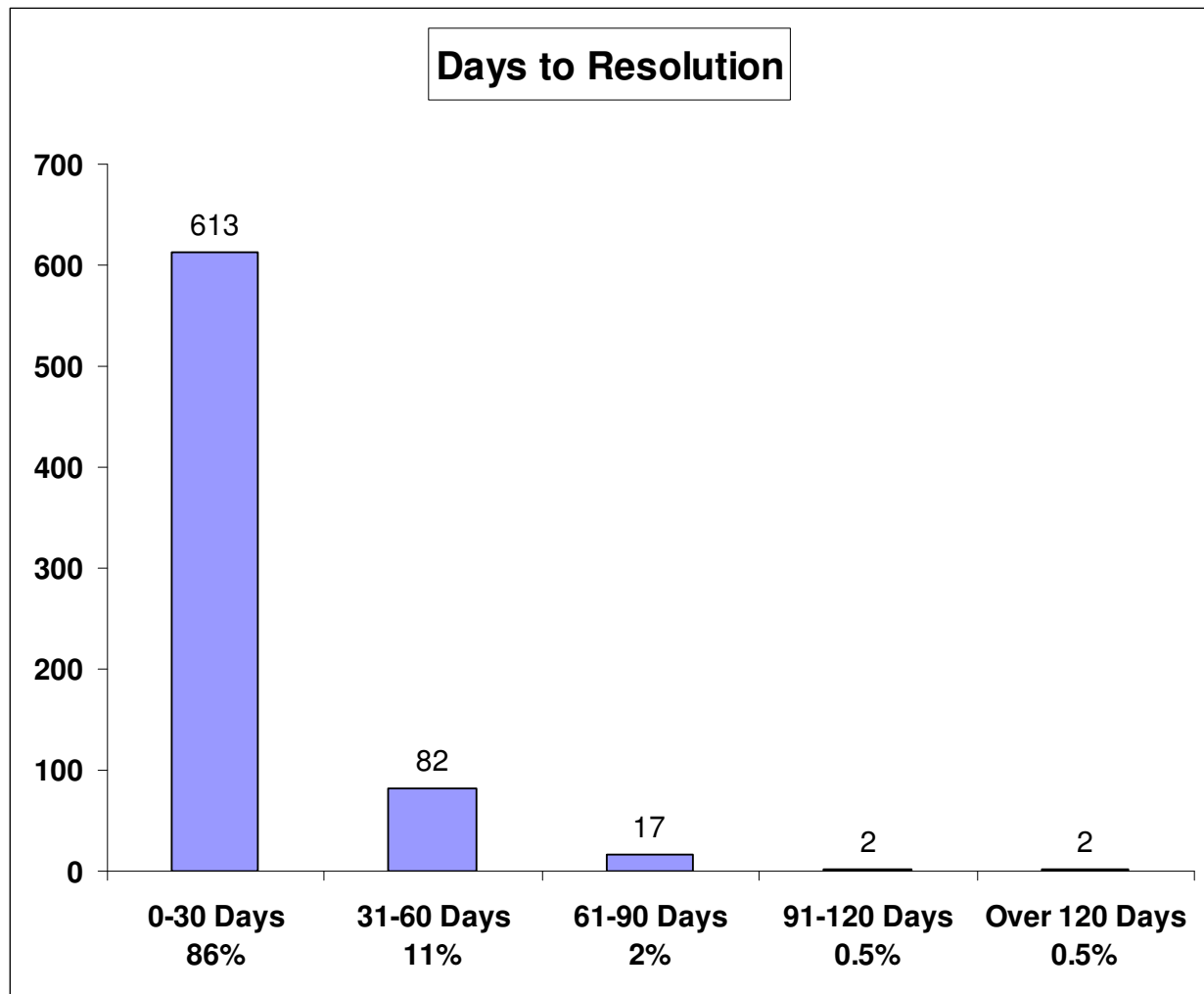
Final Disposition Authority for all Complaints

Six hundred and sixty (92%) of the final dispositions were by the LME/MCO. Thirty-four (5%) of the final dispositions were by the Division of Health Service Regulation (DHSR), 8 (1%) of the final dispositions were by the Department of Social Services (DSS) and 2 (0.5%) of the final dispositions were by the Division of Mental Health, Developmental Disabilities and Substance Abuse Services (DMH/DD/SAS). Twelve (1.5%) of the final dispositions remain pending at the time of this report.



Number of Days to Resolution

Six hundred and thirteen (86%) of the complaints received during this quarter were resolved within 30 days of receipt of the complaint, 82 (11%) were resolved in 31-60 days, and 17 (2%) were resolved in 61-90 days. Two (0.5%) were resolved in 91-120 days and 2 (0.5%) were resolved in over 120 days. When complaints require more than 30 days to resolve they usually are reported to DMH/DD/SAS, DHSR, DSS or another licensing or state agency for investigation or were complex and necessitated more time for a resolution at the LME/MCO level.²



² Initial data collection occurs during the quarter. However, final report data is submitted to DMH/DD/SAS 5 months after the end of the quarter to allow more time to resolve the complaints. The added time period provides an accurate picture of resolution and final disposition for all complaints initiated during the quarter.